

Incident / Accident Report Form –

These details should also be recorded in the Accident Book, where one exists.

About the person who had the accident			
Full Name			
Address			
Postcode		Age if under 16	
Occupation			
Activity being undertaken At time of the accident			

About the person reporting the accident (if not the same as above)			
Full Name			
Address			
Postcode		Age if under 16	
Occupation			
Role being undertaken at time of the accident			
Signature		Date	

About the Accident – when and where			
Date it took place		Time	
Where it took place; room or location			

About the Accident – what happened	
How did the accident happen? What was the cause?	
If there were any injuries – what were they?	

Signature of employer or person in charge	
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Additional Information